

**U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT
ENFORCEMENT AND REMOVAL OPERATIONS
ICE HEALTH SERVICE CORPS**

Dental Sharps and Instrument Control

**IHSC Directive: 09-03
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**By Order of the Acting Assistant Director:
CAPT Luzviminda Peredo-Berger, MD**

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1. **PURPOSE:** The purpose of this directive is to establish procedures for ensuring control and inventory of all sharps and instruments in the dental clinic in IHSC-staffed facilities that support health care operations in ICE-owned or contracted detention facilities.
2. **APPLICABILITY:** This directive applies to all U.S. Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC) personnel, including but not limited to, Public Health Service (PHS) officers, civil service employees, and contract personnel assigned to IHSC-staffed facilities supporting health care operations in ICE-owned or contracted detention facilities, and to IHSC Headquarters staff.
3. **AUTHORITIES AND REFERENCES:**
 - 3.1. Title 8, Code of Federal Regulations, Section 235.3 ([8 CFR § 235.3](#)), Inadmissible Aliens and Expedited Removal.
 - 3.2. Section 232 of the Immigration and Nationality Act, as amended, Title 8, U.S. Code, Section 1222 ([8 U.S.C. § 1222](#)), Detention of Aliens for Physical and Mental Examination.
 - 3.3. Title 8, Code of Federal Regulations, Part 232 ([8 CFR 232](#)), Detention of Aliens for Physical and Mental Examination.
 - 3.4. Title 29, Code of Federal Regulations, Part 1960 ([29 CFR 1960](#)), Basic Program Elements for Federal Employee Occupational Safety and Health Programs and Related Matters.

- 3.5. Title 29, Code of Federal Regulations, Section 1910.1030 ([29 CFR § 1910.1030](#)), Bloodborne Pathogens.
- 3.6. [Executive Order 12196](#), Occupational Safety and Health Programs for Federal Employees.
- 3.7. Public Law 91-596, Occupational Safety and Health Act ([OSH Act](#)) of 1970.
- 3.8. [DHS Directive: 066-01](#), Safety and Health Programs (July 25, 2008).
- 3.9. ICE, [Occupational Safety and Health \(OSH\) Program Requirements Handbook](#).
- 4. **POLICY:** The Health Services Administrator (HSA), with support of the dentist, oversees the Medical and Dental Hazardous Instrument Control Program in accordance with Performance-Based National Detention Standards (PBNDS) 2011 or the most current Family Residential Standard, as applicable.
 - 4.1. **Roles and Responsibilities:** The Dental Hazardous Instrument Program includes the following elements:
 - 4.1.1 Hazardous instrument inventory,
 - 4.1.2 Procedures on accountability, storage, and issuing instrumentss to staff,
 - 4.1.3 Procedures for surveying and destroying excess, broken, or worn-out instruments,
 - 4.1.4 Procedures in the event of lost instruments, and
 - 4.1.5 Training requirements.
 - 4.2. The HSA must ensure that all medical and dental instruments, sharp equipment and sharp supplies, such as needles, and other sharps, are maintained on an inventory, are continually controlled and accounted for, and kept in a locked storage when not in use.
 - 4.3. Health staff must immediately report lost or missing instruments to the HSA, who must notify the facility administration immediately.

- 4.4. Health staff must immediately report damaged instruments to the HSA, who in turn ensures that these instruments are removed from the inventory and disposed of correctly.

5. PROCEDURES:

- 5.1. **Daily Counts:** The dental assistant, dentist, and dental hygienist must perform a daily inventory of all sharps and instruments in the dental clinic at the beginning and end of each workday, which includes the following:

5.1.1 Anesthetic cartridges,

5.1.2 Needles,

5.1.3 Sutures,

5.1.4 Surgical blades and scalpels, and

5.1.5 Dental instruments.

- 5.2. **Logs:** Two logs will be maintained: one for sharps (needles, anesthetic cartridges, sutures, and scalpels) and one for dental instruments.

5.2.1 The number and type of sharps used for each procedure should be logged and associated with the patient's corresponding alien (i.e., "A") number.

5.2.2 Two dental staff members will perform each count (i.e., sharps, instruments) twice daily in the AM and PM.

5.2.3 Dental staff must maintain and verify the accuracy of all logbooks as part of their job description.

5.2.4 The dental instrument logbook should document the total number of each dental instrument, name, and drawer or cabinet location of the instrument.

5.2.5 For dental Instrument kits that have more than one dental instrument in a pack (e.g., Endo Kits, Extraction Kits, Composite Kits, and Hygiene Kits), the two counting dental staff members

must ensure that each individual instrument is visualized and verified.

- 5.2.6** The two dental staff members performing the instrument and sharps counts must initial and date the respective logbooks for accountability and tracking purposes.

5.3 Discrepancies:

- 5.3.1** If a discrepancy is discovered in the sharps or the dental instrument count, the staff member performing the count should alert dental staff and attempt to rectify the discrepancy immediately. If the discrepancy is rectified, the sharps or dental instrument log must be completed appropriately and the count completed. If the staff member performing the count is unable to rectify the discrepancy, the staff member must notify the HSA and Assistant Health Services Administrator (AHSA) immediately and generate an incident report. The HSA should notify the appropriate facility representatives of the discrepancy.
- 5.3.2** Efforts should be directed locally by the HSA, assigned medical or dental staff, and the designated facility authorities to locate and secure the missing sharp or instrument.

5.4 Security:

- 5.4.1** All sharps and instruments must be secured behind two locked doors (i.e., locked cabinets or drawers located behind a locked door).
- 5.4.2** The sharps and instruments storage area must be key-controlled and locked at all times when not occupied by a staff member.
- 5.4.3** Health staff must never leave detainees unattended in the dental clinic.
- 5.4.4** The numbers of individuals with keyed access to the dental instruments or sharps room, and/or cabinets or drawers, should be limited to: (a) the local dental staff, and (b) the local medical administration (HSA, AHSA, or Clinical Director).

5.5 Accountability: When the dental clinic provides sterilization services for the medical team, an instrument exchange log must be maintained in the dental clinic to track the exchange of instruments between the medical and dental clinic to ensure uninterrupted custodial responsibility.

5.5.1 The log should contain the following elements:

5.5.1.a Date of arrival in dental, instrument name and quantity, and signatures of both medical and dental staff members.

5.5.1.b Date of return to medical, instrument name and quantity, and signatures of both medical and dental staff members.

5.6 Instrument and Sharps Count Amendments and Removal from Inventory:

5.6.1 Tools and Instruments: Broken, worn, or retired instruments that require removal from the inventory should be subtracted and removed from the current logbook count and the facility instrument control officer's count, and placed in the facility instrument control officer's custody for disposal. The date, name, and quantity of each tool or instrument removed must be documented in the instrument logbook. This process should be completed at the beginning or end of a shift to ensure the adjusted initial and final daily counts are confirmed accurate.

5.6.2 Sharps: Sharps that require removal from the inventory should be sequestered and subtracted from the current logbook count and disposed of in a sharps container. The date, name, and quantity of each sharp removed must be documented in the sharps logbook. This process should be completed at the beginning or end of a shift to ensure the adjusted initial and final daily counts are confirmed accurate.

5.7 Additions to Inventory:

5.7.1. Tools and Instruments: Any added tool or instrument should be placed in the appropriate secured storage area and added to the tool or instrument logbook count. The date, name, and quantity of

each tool or instrument added must be documented in the instrument or tool logbook. The facility instrument control officer should be informed by the local dental unit chief or designee, and the facility instrument list will be similarly updated. This process should be completed at the beginning or end of a shift to ensure the adjusted initial and final daily counts are confirmed accurate.

5.7.2 Sharps: Any added sharps should be placed in the appropriate secured storage area and added to the tool or instrument logbook count. The date, name, and quantity of each tool or instrument added must be documented in the instrument or tool logbook. This process should be completed at the beginning or end of a shift to ensure the adjusted initial and final daily counts are confirmed accurate.

5.7.3 Bulk Storage: Excess sharps, instruments, or tools not immediately added to the working clinical inventory should be placed in bulk storage. The names and quantities of each bulk sharps and/or instruments must be included on a bulk storage sheet prior to placement in bulk storage, verified by a two-member team, initialed, and dated. The bulk storage stock must be secure and located behind two locked doors. The bulk storage sharps or instruments should be inventoried monthly using a two-person count until they are transferred onto the daily clinical inventory or count.

5.8 Training: The local Dental Unit Chief, Regional Dental Consultant, or designee will provide all dental staff initial sharps and instruments accountability training upon hire and annually thereafter through competency assessments .

6. HISTORICAL NOTES: This directive does not replace any previously issued IHSC directives or guidance. This is the first issuance of this directive.

7. DEFINITIONS: The following definitions apply for purposes of this directive only:

7.1 Clinical Director (CD) – The Clinical Director serves as the IHSC medical authority at the facility level and is responsible for the overall provision of health care for detainees. The CD may be remotely located in the event

the local position is vacant or a contract physician is employed as the physician on-site.

- 7.2 Contracted Detention Facility** – Contractor-owned, contractor-operated facilities that provide detention services under competitively bid contracts awarded by ICE.
 - 7.3 Dental Unit Chief** – A lead dentist who provides clinical supervision of assigned dental staff and serves as the on-site dental authority. The lead dentist is responsible for the delivery of dental care to detainees including diagnosing, treating, and preventing diseases and injuries associated with the oral cavity.
 - 7.4 Health Services Administrator (HSA)** – IHSC Operational Definition: The HSA is the designated IHSC administrator at a facility who provides administrative and supervisory oversight of the day-to-day operational activities at IHSC-staffed medical facilities.
 - 7.5 Health Staff** – IHSC Operational Definition: Health staff includes all health care professionals (including contracted staff) as well as administrative and supervisory staff at IHSC-staffed medical clinics.
 - 7.6 Staff Dentist** - The staff dentist is responsible for the delivery of dental care to detainees including diagnosing, treating, and preventing diseases and injuries associated with the oral cavity. The lead dentist supervises the staff dentist..
- 8. APPLICABLE STANDARDS:** Applicable policy includes the following directives and guides, and all subsequent versions or replacements to these policy documents.
- 8.1 American Correctional Association (ACA):** Performance-Based Standards for Correctional Health Care in Adult Correctional Institutions.
 - 8.1.1** 1-HC-6A-02: 1-HC-6A-02: Injury Prevention.
 - 8.2 National Commission on Correctional Health Care (NCCHC):** Standards for Health Services in Jails.
 - 8.2.1** J-B-01: Infection Prevention and Control Program: applicable compliance indicators on sharps and biohazardous waste.
 - 8.3 Related IHSC Directives and Guides:**

8.3.1 05-05, Safety and Security Directive.

8.3.2 05-05 G-1, Safety and Security Guide.

9. PRIVACY AND RECORDKEEPING. This directive does not require the creation of any additional records.

10. ATTACHMENTS: Medical instrument exchange logbook.